

ORIGINAL

AO 83 (Rev. 12/85) Summons in a Criminal Case

UNITED STATES DISTRICT COURT

District of Hawaii

UNITED STATES OF AMERICA

SUMMONS IN A CRIMINAL CASE

V.

Case Number: CR 00-00286 DAE 02

KALANI OSHAY RABANAL

(Name and Address of Defendant)

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

<p>Place United States District Court 300 Ala Moana Blvd Honolulu, HI 96850 Ph. (808) 541-1300 (Honolulu Number)</p> <p>Before: David Alan Ezra, United States District Judge at <u>10</u> o'clock and <u>10</u> min. <u>A</u> M. SUE BEITIA, CLERK</p>	<p>Room AS DESIGNATED</p> <p>Date and Time Monday, April 30, 2007 at 11:15 a.m.</p>
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FILED IN THE
UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII

APR 11 2007

To Answer a Supervised Release Violation Petition

Brief description of offenses:

- Submitting untruthful monthly reports
- Associating with felons

RECEIVED
2007 APR -5 AM 8:53
U.S. MARSHAL'S SERVICE
HONOLULU, HI.

Sue Beitia

Name and Title of Issuing Officer

Signature of Issuing Officer/Deputy Clerk

April 4, 2007

Date

AO 83 (Rev. 12/85) Summons in a Criminal Case

CR 00-00286 DAE 02
USA vs. Kalani Oshay Rabanal

RETURN OF SERVICE	
Service as made by me on: ¹	Date
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant at: _____ _____	
<input type="checkbox"/> Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address Name of person with whom the summons was left: _____ _____ _____	
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the return of Service is true and correct.</p>	
Returned on _____ <div style="text-align: center; font-size: small;">Date</div>	_____ <div style="text-align: center; font-size: small;">Name of United States Marshal</div>
<div style="text-align: center;"> _____ (by) Deputy United States Marshal </div>	
Remarks:	

¹ As to who may serve a summons see Rule 4 of the Federal Rules of Criminal Procedure

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kalani Oshay Rabanal
98-328 Ponohale St
Alea, HI 96701

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X*Kalani Oshay Rabanal*☐ Agent
☐ Addressee

B. Received by (Printed Name)

*Kalani Oshay Rabanal*C. Date of Delivery
*4/6/07*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7003 0500 0001 1939 2592

595-02-M-1540

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service[®]
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com**OFFICIAL USE**

Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$	
\$	

Postmark
Here*5:30*

Sent To

K.O. Rabanal 04/05/07 00-00286-02

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7003 0500 0001 1939 2592

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

U.S. MARSHALS SERVICE

P.O. Box 50184

Honolulu, HI 96850

Attn: Sharon

U.S. MARSHALS SERVICE
HONOLULU, HI.

2007 APR -9 PM 3:51

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(see reverse) 2002 eunp 10063 uwq3 SD

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

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 - Certified Mail is not available for any class of international mail.
 - NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
 - For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
 - For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
 - If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.
- IMPORTANT:** Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.